



| | | | |
|--|----------------------|------------------------|----------|
| TRANSMITTAL FORM | Application Number | 09/981,476 | |
| | Filing Date | 10/17/01 | |
| | First Named Inventor | Collins, et al. | |
| | Group Art Unit | 2621 | |
| | Examiner Name | N/A | |
| Total Number of Pages in this Submission | 9 | Attorney Docket Number | IND10254 |

COPY OF PAPERS
ORIGINALLY FILED

| ENCLOSURES | | (check all that apply) |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Fee Attached | <input checked="" type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board |
| <input checked="" type="checkbox"/> Preliminary Amendment | <input type="checkbox"/> Licensing-Related papers | <input type="checkbox"/> of Appeals and Interferences |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to Group |
| <input type="checkbox"/> Affidavits/Declaration(s) | <input type="checkbox"/> Petition to Compel a Provisional Application | <input type="checkbox"/> {Appeal Notice, Brief, Reply Brief} |
| <input type="checkbox"/> Extension of time Request | <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Status Letter with appropriate copies |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | <input type="checkbox"/> Other Enclosure(s) (please identify below) |
| <input type="checkbox"/> Cert Copy of Priority Documents | <input type="checkbox"/> CD, Number of CDs | <input type="checkbox"/> Response to Restriction Requirement |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | <input type="checkbox"/> Associate Power of Attorney |
| <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53 | | <input type="checkbox"/> RCE |
| Remarks | | |

RECEIVED
JUL 01 2002
Technology Center 2800

| | | | |
|--|------------------|------------------|---------------|
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
| Firm or Individual | Terri S. Hughes | Registration No. | 41,856 |
| Signature | | | |
| Date | June 20, 2002 | | |
| CERTIFICATE OF MAILING | | | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on the date listed below: | | | |
| Typed or printed name | Sheila Mannarino | | |
| Signature | | Date | June 20, 2002 |

BEST AVAILABLE COPY